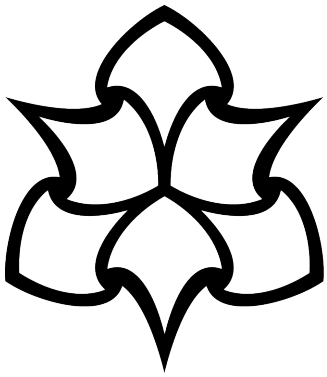

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Strap

Review

Substrap

Chronic obstructive pulmonary disease

Standfirst

Anxiety and depression are common comorbidities of chronic obstructive pulmonary disease. This article discusses research into respiratory nurse-led mental health support, including cognitive behavioural therapy

Keywords

Anxiety/Depression/Comorbidities/Respiratory nursing

Head

Nurse-led cognitive behavioural therapy for respiratory patients

In this article…

- Impact and psychological comorbidities of chronic obstructive pulmonary disease
- Research into support provided by respiratory nurses for anxiety and depression
- Barriers to accessing mental health support and next steps for nurse-led care

Key points

People with chronic obstructive pulmonary disease commonly experience symptoms of anxiety and depression

These comorbidities have a significant impact on physical functioning, quality of life and use of healthcare resources

Respiratory nurses feel that addressing patients' psychological comorbidities is important

A trial demonstrated the benefits of an intervention in which respiratory nurses deliver cognitive behavioural therapy

The intervention may allow barriers to accessing mental healthcare to be more easily overcome

Authors

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Abstract

Anxiety and depression are common comorbidities of chronic obstructive pulmonary disease and have a negative impact on patients' physical functioning, use of healthcare resources and mortality. Risk factors for and rates of psychological difficulties are currently higher due to the coronavirus pandemic. A recent trial demonstrated the clinical effectiveness of a cognitive behavioural therapy intervention delivered by respiratory nurses, and surveys have shown they feel psychological support is an important part of their role. Barriers remain to patients receiving mental health support; however, this intervention could provide an important step towards improving access.

Citation

Heslop-Marshall K et al (2021) Nurse-led cognitive behavioural therapy for respiratory patients. *Nursing Times [online]*; 117: 2, xx-yy.

Quickfact

37%
Elderly people who have experienced depression and anxiety during the pandemic

74%
Respiratory nurses who screen patients for anxiety and depression

Pull quote

“COPD patients with psychological difficulties are less able to manage symptoms and less likely to be physically active”

[main article]

Chronic obstructive pulmonary disease (COPD) is a term often used to describe two common conditions: chronic bronchitis and emphysema, which often occur together. The disease trajectory is one of progressive decline, punctuated by frequent acute exacerbations (Newham et al, 2018). COPD cannot be cured; treatment focuses on managing symptoms, improving quality of life and reducing hospital admissions (Global Initiative for Chronic Obstructive Lung Disease, 2020). Quality of life and health status are determined by a number of factors, including:

- Gender;
- Disease severity;
- Lung function;
- Body mass index;
- Smoking status;
- Frequency and severity of symptoms;
- Comorbidity, including anxiety and depression
- Frequency and severity of exacerbations (Tsiligianni et al, 2011).

Anxiety and depression have a significant impact on people with COPD, in terms of physical functioning, breathlessness, quality of life, exacerbation rates, use of healthcare resources, length of hospital stays, readmission rates and mortality (Yohannes and Alexopoulos, 2014). Additionally, COPD patients with psychological difficulties are less able to manage symptoms and less likely to be physically active (Yohannes and Alexopoulos, 2014) or attend pulmonary rehabilitation, a key strategy for people with chronic respiratory conditions (Bolton et al, 2013). To effectively support individuals with COPD, it is therefore important that any psychological comorbidities are identified and treated appropriately (Newham et al, 2018).

The coronavirus pandemic has required many vulnerable people, especially those with respiratory problems such as COPD, to shield to protect themselves. This has resulted in social isolation for many; social distancing and the lack of interaction may well increase the risk of depression and anxiety, particularly in the elderly (Santini et al, 2020). In a study of elderly people among the general population in China, Meng et al (2020) found that 37% of the people they surveyed had experienced depression and anxiety during the pandemic; they recommend that health professionals address their psychological needs.

National Institute for Health and Care Excellence (NICE, 2011; 2009) guidelines for the treatment of anxiety and depression recommend:

- Psychological treatment, including cognitive behavioural therapy (CBT), counselling and self-help approaches;
- Pharmacological treatment;
- A combination of both.

Recent studies have demonstrated the value of psychological therapy for people with COPD, including promising results for CBT; however, they have recommended that further research is needed (Cully et al, 2017; Usmani et al, 2017).

[crosshead]CBT delivered by respiratory nurses

A large, randomised controlled trial recently demonstrated that a brief CBT intervention delivered by respiratory nurses was clinically effective in reducing symptoms of anxiety in COPD patients (Heslop-Marshall et al, 2018). The intervention was also cost-effective due to the reduced healthcare resource use: there was a reduction in both hospital admissions and emergency department attendances. The study's comprehensive health economic evaluation showed the CBT intervention was effective in gaining quality-adjusted life years within the NICE threshold of £30,000/€34,000 often applied in the UK to determine whether an intervention is acceptable. The study concluded that the intervention was therefore preferable to and more cost-effective than self-help leaflets.

This study has, for the first time, identified that respiratory nurses have an important role in addressing patients' psychological needs, adding to the clinical value of respiratory nurse-led care and services. However, it remains unknown whether respiratory nurses feel that addressing psychological needs is a key component of their role.

[subhead]Literature review and surveys

The Association of Respiratory Nurse Specialists commissioned a systematic literature review and a national Delphi survey of respiratory nurses' research priorities (Kelly et al, 2018); the survey identified that a key research priority for respiratory nurses was managing psychological morbidity in COPD patients.

The study also included an online survey to gather respiratory nurses' views about their role in screening and managing psychological comorbidities and to gauge their capacity to deliver CBT as part of their role. This survey identified that 92% of respiratory nurses felt that screening for symptoms of anxiety and depression was part of their role and 78% agreed that respiratory nurses should help patients manage these symptoms. However, of the 74% of respondents who reported that they currently screen patients, only 52% said they have made referrals to psychological services. An overwhelming 96% of respondents felt they should be trained to identify psychological difficulties experienced by respiratory patients, with 77% agreeing respiratory nurses should be trained to provide CBT.

[crosshead]Barriers to addressing psychological comorbidities

Nurses are expected to address people's physical, social and psychological wellbeing (Nursing and Midwifery Council, 2019); however, there are barriers to providing mental health support. Firstly, both patients and clinicians often fail to recognise the psychological complications of COPD, leading to their underdiagnosis and under-treatment (Maurer et al, 2008). Other barriers include:

- The perceived stigma around mental health;
- Patients' unwillingness to engage with mental health services;
- A lack of political prioritisation compared with physical healthcare;
- Increasing demand for mental health services;
- Limited resources (British Medical Association, 2017).

The challenge for all respiratory services is to identify how to improve the psychological care of patients.

[crosshead]Discussion

There are significant challenges to implementing respiratory nurse-led CBT for COPD patients with psychological comorbidities, including cost, capacity and training needs. However, the potential benefits of actively screening for comorbid anxiety and depression in clinical settings, and of having dual-skilled respiratory nurses, may mean that barriers to accessing mental healthcare can be more easily overcome; therefore respiratory nurse-led CBT may be a step towards reducing costs and improving patients' quality of life. The difficulties are identifying how to scale up and roll out this model for the benefit of more patients and ascertaining whether respiratory nurses are willing to meet the challenge.

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